

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 367629	RECEIPT DATE:	08 / 19 / 99
IA NUMBER:	PCT/ US98 / 16383	IA FILING DATE:	08 / 06 / 98
FAMILY NAME:	GUPTA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	AJAY	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 07 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	9403-2	COUNTRY:	USX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
		FAX	0000000000
NAME:	SEIDEL GONDA LAVORGNA & MONACO		
STREET:	TWO PENN CENTER PLAZA		
	SUITE 1800		
CITY:	PHILADELPHIA		
STATE/COUNTRY:	PA	ZIP:	19102
EMAIL:			
APPLICATION TITLES:			
	DIALYSIS SOLUTIONS CONTAINING WATER SOLUBLE		
	VITAMINS AND NUTRIENTS		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/367,629	FILING DATE 10/18/99	CLASS 514	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 9403-2
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APPLICANT

AJAY GUPTA, FARMINGTON HILLS, MI.

****CONTINUING DOMESTIC DATA*******
 VERIFIED PROVISIONAL APPLICATION NO. 60/055,015 08/07/97

****371 (NAT'L STAGE) DATA*******
 VERIFIED THIS APPLN IS A 371 OF PCT/US98/16383 08/06/98

RG

****FOREIGN APPLICATIONS*******
 VERIFIED

RG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/21/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 49 50	INDEPENT CLAIMS 3
Verified and Acknowledged			Examiner's Initials <i>RG</i>	Initials		

ADDRESS
 SEIDEL GONDA LAVORGNA & MONACO
 TWO PENN CENTER PLAZA
 SUITE 1800
 PHILADELPHIA PA 19102

TITLE
 DIALYSIS SOLUTIONS CONTAINING WATER SOLUBLE VITAMINS AND NUTRIENTS

FILING FEE RECEIVED \$872	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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